

L08000071344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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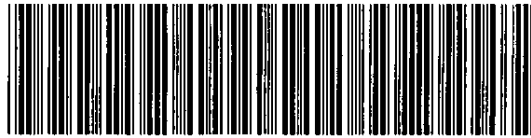
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GREEN STREET CAPITAL PARTNERS LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM SEARS

(Name of Person)

GREEN STREET CAPITAL PARTNERS LLC

(Firm/Company)

116 ORANGE AVENUE

(Address)

ORLANDO, FLORIDA 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM SEARS

(Name of Person)

at (303) 704-8380

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GREEN STREET CAPITAL PARTNERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/24/2008 and assigned
Florida document number LOB 000071344.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

116 ORANGE AVENUE

ORLANDO, FLORIDA 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

116 ORANGE AVENUE

ORLANDO, FLORIDA 32801

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

WILLIAM SEARS

New Registered Office Address:

116 ORANGE AVENUE

(Enter Florida street address)

ORLANDO, FLORIDA

(City)

, Florida 32801

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

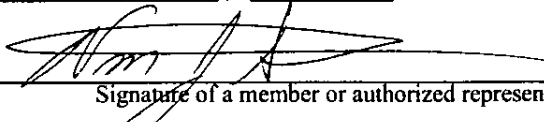
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RICHARD BUFFINGTON	704 SENECA MEADOWS ROAD WINTER SPRINGS, FLORIDA 32708	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	WILLIAM SEARS	118 PINE STREET ORLANDO, FLORIDA 32801	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	WILLIAM SEARS	116 ORANGE AVENUE ORLANDO, FLORIDA 32801	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FEI NUMBER: 26-3036946

Dated SEPTEMBER 22, 2008



Signature of a member or authorized representative of a member

WILLIAM SEARS

Typed or printed name of signee

Page 2 of 2

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TALLAHASSEE, FLORIDA

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